POH Medical Center

September 24, 1999

Commission Secretary
Magalie Roman Salas, Office of
Secretary
Federal Communications Commission
The Portals
445 12th Street SW, Room TW-A325
Washington DC 20554

RE: ET Docket 99-255 WirelessMedicaTelemetryService

Dear Ms. Salas:

On behalf of POH Medical Center I would like to congratulate the FCC on its involvement with the American Hospital Association's (AHA) Medical Telemetry Task Force. The creation of the Wireless Medical Telemetry Service (WMTS), as proposed in the reference NPRM, can provide the healthcare industry an important solution for solving a critical patient safety issue. We are excited and hopeful about the opportunities that this service will create for the healthcare industry.

Although there is a high level of confidence that the FCC has done the proper due diligence to ensure that patient safety is the paramount focus of the recommended WMTS, a related issue of the proposed rule making needs to be highlighted. It is critical that the new WMTS be established with co-primary status in the 608-614 MHz band, the 1394-1400 MHz band, and the 1427-1429 MHz band at the power levels originally proposed by the AHA Task Force. In addition, we need the FCC to ensure that the vast majority of the healthcare industry users can take full advantage of the benefits that the proposed power levels offer. These benefits include:

Patient safety: The new WMTS needs to be of sufficient power, as originally proposed by the AHA Task Force, in order to ensure more reliable data transmission with less drop out, Patient safety is at risk if reliable communications can not be established and maintained. We feel that the power level currently permitted under Part 15 is insufficient to achieve the necessary transmission reliability in a hospital environment. The need for facility-wide installations has grown significantly in the last several years further degrading system performance. The AHA Task Force proposed power level of 370 mV/m for the 608-614 MHz band would enable us to achieve the necessary transmission reliability for critical patient information.

The transmission of more patient information within less total spectrum: A tradeoff that must be made for our protected spectrum allocation is bandwidth. The proposed standard is substantially less total bandwidth than that which medical telemetry currently operates within. Advanced digital transmission techniques can enable us to utilize this new spectrum efficiently, but we will need the AHA Task Force recommended power levels in order to ensure reliable communications in a cost-effective manner.

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Cost management: It is no secret that the healthcare industry is in a crisis state relative to managing costs while improving patient care. The AHA Task Force recommended power levels would ultimately enable larger systems covering a greater area without significant decrease in the system SNR. Greater distance between antennas/receivers will result in a reduction of the total equipment required and in a much less complex installation within the hospital. This will allow the cost of a telemetry system to be reduced while, at the same time, increasing its overall performance.

In addition, as users of this spectrum, we enthusiastically accept the co-primary status with the radio astronomy industry and will fully cooperate with our radio astronomy counterparts. We fully support the AHA in its recommendation that it serve as the frequency coordinator for WMTS, subject to its appointment by the Commission. The American Hospital Association will be able to satisfy each of the criteria mandated by the Commission for certified frequency coordinators in other services, including providing coordination services on a non-discriminatory basis; processing applications in order of receipt; handling post-licensing conflicts; maintaining reasonable and uniform fees; establishing a single point of contract nationally; and facilitating the use of new technologies. The AHA is uniquely qualified to fulfill this role because of its past and current leadership role inpromoting the interference-free operation of technologically advanced wireless medical telemetry devices. It is recognized that in a few, select areas, there is the potential for interference with radio astronomy. Due to the limited risk of this becoming a pervasive issue, it would be inappropriate for the FCC to penalize the entire healthcare industry by viewing this potential issue as nation-wide. Therefore, we respectfully request that the proposed power levels be authorized, with self-regulation by the healthcare industry to ensure that there is no interference with the radio astronomy community. The AHA, as coordinator, can continue to work with the radio astronomy community in those few locations where coexistence is necessary. Imposition of reduced power levels to meet the requirements of the radio astronomy community should be handled on a case-by-case basis.

In closing, I would like reiterate my thanks to the FCC for its urgency in addressing this issue. I am confident that the final band recommendations will address all of the important issues I've highlighted and reflect the FCC's continuing partnership with the healthcare industry toward keeping patients safe while using the most advanced technology possible.

Sincerely,

Tom Tesolin

Tom Tesolin, CBET
B.M.E. Supervisor
POH Medical Center